

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 6 1948

Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No.

35711
25710
1200

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

3: (a) PRINT FULL NAME Louis Paul Nold, Jr.

3: (b) If veteran, name war W. W. #2 3: (c) Social Security No. 500-14-7271

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine L. Nold 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased June 13 1921
(Month) (Day) (Year)

8. AGE: Years 27 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Self

12. Name Louis Paul Nold
13. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cecilia Klonowski
15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Nold
(b) Address R. F. D. #4, Savannah, Mo.
17. (a) Burial (b) Date thereof 11/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Missouri

19. (a) Nov 27, 1948 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4, Savannah, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 23 1948 to Nov 23 1948
that I last saw him alive on Nov 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Duration 3 hrs

Due to Anterior Angina

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 13!
(b) Date of occurrence 11-23-48
(c) Where did injury occur? Englewood Park Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Truck struck tree
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 11/27/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1949

DEC 9 1948

DEC 21 1948

DEC 21 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S 10th St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.